

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-30-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 00630.

II. FINDINGS & RATIONALE

The respondent denied reimbursement for the anesthesia based upon "F – Fee guideline MAR reduction.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3-7-03	00630	\$1040.00	\$200.00	F			
TOTAL							The requestor is entitled to reimbursement of \$.

The requestor failed to submit medical records to support fee dispute and challenge insurance carrier's position per Rule 133.307(g)(3)(B). Therefore, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 06000.

The above Findings and Decision are hereby issued this 29th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division